

**COLLEGE
STATION**

**FIRE
DEPARTMENT**



**New Employee
Orientation Handbook**



OUR MISSION STATEMENT

The College Station Fire Department will strive to provide cost effective, high quality Fire Suppression and Emergency Medical Services while providing non-emergency Fire Prevention, Code Enforcement, Public Education and Support Services to the community.

Please Note:

***This Handbook is Probationary Fire Fighter
«FirstName» «LastName»'s RESPONSIBILITY.***

This New Employee Orientation Handbook is part of each employee's permanent training record.

As tasks are completed, the officer shall forward a copy of the appropriate pages to Fire Training, by intercity mail. As copies are sent they should be logged on page 20.

When the Handbook is completed, the officer shall forward the entire handbook to Fire Training, by intercity mail.

TABLE OF CONTENTS

NEW EMPLOYEE INFORMATION SHEET.....	4
Pre-Employment Assignments	5
GENERAL TASK: FIRST DAY	6
ISSUED EQUIPMENT Record	7
New Employee Information and Policy	
ROLL CALL.....	8
BEDDING.....	8
MEALS	8
EXERCISE	8
PHONE CONTACT and VISITORS	8
PART-TIME EMPLOYMENT & OUTSIDE CLASSES.....	9
ORGANIZATION CHART.....	9
GENERAL KNOWLEDGE 1	
Safety.....	10
Infection Control.....	10
Policy & Procedure	10
GENERAL KNOWLEDGE 2	
Fire Department Courtesies	11
Communications	11
Dispatch.....	11
GENERAL KNOWLEDGE 3	
Rescue Equipment.....	12
Protective Equipment	12
Protective Breathing Apparatus	12
Building Familiarization.....	12
GENERAL KNOWLEDGE 4	
Mandatory Classes	13
Films to View.....	13
Responsibilities	13
Test	13
GENERAL KNOWLEDGE 5	
Driving	14
EMS Responsibilities	14
GENERAL KNOWLEDGE 6 & 7	
Apparatus Familiarization.....	15 & 16
GENERAL KNOWLEDGE APPARATUS	17
GENERAL KNOWLEDGE POLICIES & PROCEDURES.....	18
GERERAL KNOWLEDGE EMS ORIENTATION.....	19
EVALUATION REPORT.....	20

NEW EMPLOYEE INFORMATION SHEET

EMPLOYEE NAME: «FirstName» «LastName»

SSN: «SSN»

START DATE

FF CERTIFICATE LEVEL:

EMS CERTIFICATE LEVEL:

DRIVERS LICENSE: Class ____ expiration date: _____

SHIFT ASSIGNED:

SHIFT BATTALION CHIEF:

SHIFT LIEUTENANTS:

TRANSFER INFORMATION

Transferred To: _____ Date: ____/____/____ Battalion Chief: _____

Transferred To: _____ Date: ____/____/____ Battalion Chief: _____

Transferred To: _____ Date: ____/____/____ Battalion Chief: _____

Transferred To: _____ Date: ____/____/____ Battalion Chief: _____

Transferred To: _____ Date: ____/____/____ Battalion Chief: _____

Transferred To: _____ Date: ____/____/____ Battalion Chief: _____

Transferred To: _____ Date: ____/____/____ Battalion Chief: _____

Transferred To: _____ Date: ____/____/____ Battalion Chief: _____

Transferred To: _____ Date: ____/____/____ Battalion Chief: _____

Transferred To: _____ Date: ____/____/____ Battalion Chief: _____

Transferred To: _____ Date: ____/____/____ Battalion Chief: _____

Transferred To: _____ Date: ____/____/____ Battalion Chief: _____

PRE-EMPLOYMENT ASSIGNMENTS

«*FirstName*» «*LastName*»

Pre-Employment	Date Completed	Trainee's Initials	Officer
Physical Date ____/____/____ Time: ____:____			
Drivers License Check			
Uniform Fitting ____/____/____ ____:____			
Bunker Gear Measurement ____/____/____ ____:____			
<div style="text-align: center;">Training Division</div> Copy of Texas Fire Commission Certificate Copy of TDH EMS Certificate Copy of any previous training records Copy of College Transcripts and Diplomas Copy of other Fire or EMS Certificates			
Anticipated Start Date & Shift Assignment _____, ____/____/____ ____ Shift			

GENERAL TASK: FIRST DAY

«*FirstName*» «*LastName*»

GENERAL TASKS, KNOWLEDGE & STUDY REFERENCES	Progress Records			
	Date Scheduled	Date Completed	Trainee's Initials	Officer
HUMAN RESOURCES Retirement, Benefits, Insurance, Forms, Payroll City Orientation ____/____/____ ____:____				
TRAINING DIVISION <i>Send Notice of Employment to TCFP</i> <i>Fill Out TCFP Certification Application</i> <i>Send Notice of Employment to TDH</i> Start Training File Enter Employee in Training Computer				
Forms to Cover: Safety Infection Control Fire Department Courtesies Communications Equipment Inventory				
Job Description: Job description issued to employee				
Equipment Check (per pg. 7)				
Meet: Risk Manager Fire Chief Assistant Chief Fire Marshal Inspectors Administration Personnel On Duty Shift				
Visit Facilities (per pg. 11)				
Enter Employee in Fire Computer System / Complete MIS computer application w/ e-mail address				

ISSUED EQUIPMENT RECORD

«FirstName» «LastName» «SSN»

<i>ITEM DESCRIPTION</i>	Size	Quantity	Date	Inventory #
Alphanumeric Pager (979) 696-9249 PIN _____				
Name Tag				
Badge				
Belt (Uniform Belt)				
Cap				
Class "A" Coat				
Class "A" Pant				
Class "A" Shirt				
Collar Insignia				
Tie				
T-shirt				
Tietack				
Uniform Coat				
Uniform Pant				
Uniform Shirt				
Bunker Boots				
Bunker Coat				
Bunker Pant				
Suspenders (for Bunkers)				
Fire Fighting Gloves				
Helmet				
Hood				
SCBA Mask				
CSFD Policies and Procedures Manual				
City of College Station Policy Manual (at City Orientation)				
Ear Plugs				
EMS Protocol				
Locker				
Sheets				
Safety Glasses				
Work Gloves (Leather)				
Map Books				
City Credit Card				
Misc:				

NEW EMPLOYEE INFORMATION AND POLICY

This information is provided to help you make a smooth transition into the fire department's unique work environment

ROLL CALL

Arrive preferably at 6:50 a.m., but no later than 7:00 a.m., sharp. You will meet in the Day Room of your assigned Fire Station for morning roll call. You will have the opportunity to meet your new fire department family. The shift begins at 7:00 a.m. and ends 24 hours later at 7:00 a.m. the following day. You have 48 hours off between shifts.

SICK LEAVE

In case you need to use sick leave, you must call your station at 6:30 A.M. and let your officer or acting officer know. If your officer or acting officer is not available, you may relay your message through the on duty officer.

BEDDING

You are issued sheets and pillow covers. You need to bring a pillow and a blanket.

MEALS

The fire department has a completely furnished kitchen with a gas stove, microwave, refrigerator, pots and pans, dishes, silverware, etc., for your use of food preparation and storage. You may wish to bring something to eat the first day. Periodically, the fire fighters will go out to eat one or two meals during the shift. If you do not wish to bring food, you may prefer to contribute money for lunch and dinner that is prepared in the station by some of the fire fighters. The cost is usually about \$5.00. For snacks, there are soft drink machines as well as snack machines. Soft drinks from the machine are \$.50 to \$.75 and the machines will take a dollar bill. The snack machines range from \$.50 to \$.65 and does not accept dollar bills.

EXERCISE

Everyone should exercise at least one hour per shift. Exercise gear consists of black shorts, fire department T-shirt, white socks, and tennis shoes of any color. Be sure to bring an extra fire department T-shirt. Some of the activities you can do for exercise are tennis, walking, jogging, basketball, volleyball, weights, swimming or anything you wish within reason. After exercise you will wish to take a shower so bring your own shampoo, soap, comb, towel, toothbrush, toothpaste, deodorant, or any other personal items. You will have access to a clothes washer and dryer to wash your exercise gear. You will also have access to a locker for your items to be stored between shifts

PHONE CONTACT and VISITORS

If someone needs to contact you at anytime during your shift for a non-emergency they may call Station #1 (979) 764-3702, Station #2 (979) 764-3717, Station #3 (979) 764-3866 or Station #4 (979) 764-6366. If it is an emergency they may call dispatch at (979) 764-3700. You can also have people page you on your city issued pager, by dialing (979) 696-9249 and entering your unique ID number and then the number to be displayed. Personal calls are allowed anytime during your shift. You can have visitors anytime between 8:00 a.m. and 10:00 p.m. However, visitors can stay for 15 minutes between 8:00 a.m. and 5:00 p.m., and for 1 hour between 5:00 PM to 10:00 PM.

If you have any questions prior to your first day, you may call an on duty lieutenant at (979) 764-3702 or Fire Training (979) 764-3505 and they will be glad to help you any way they can.

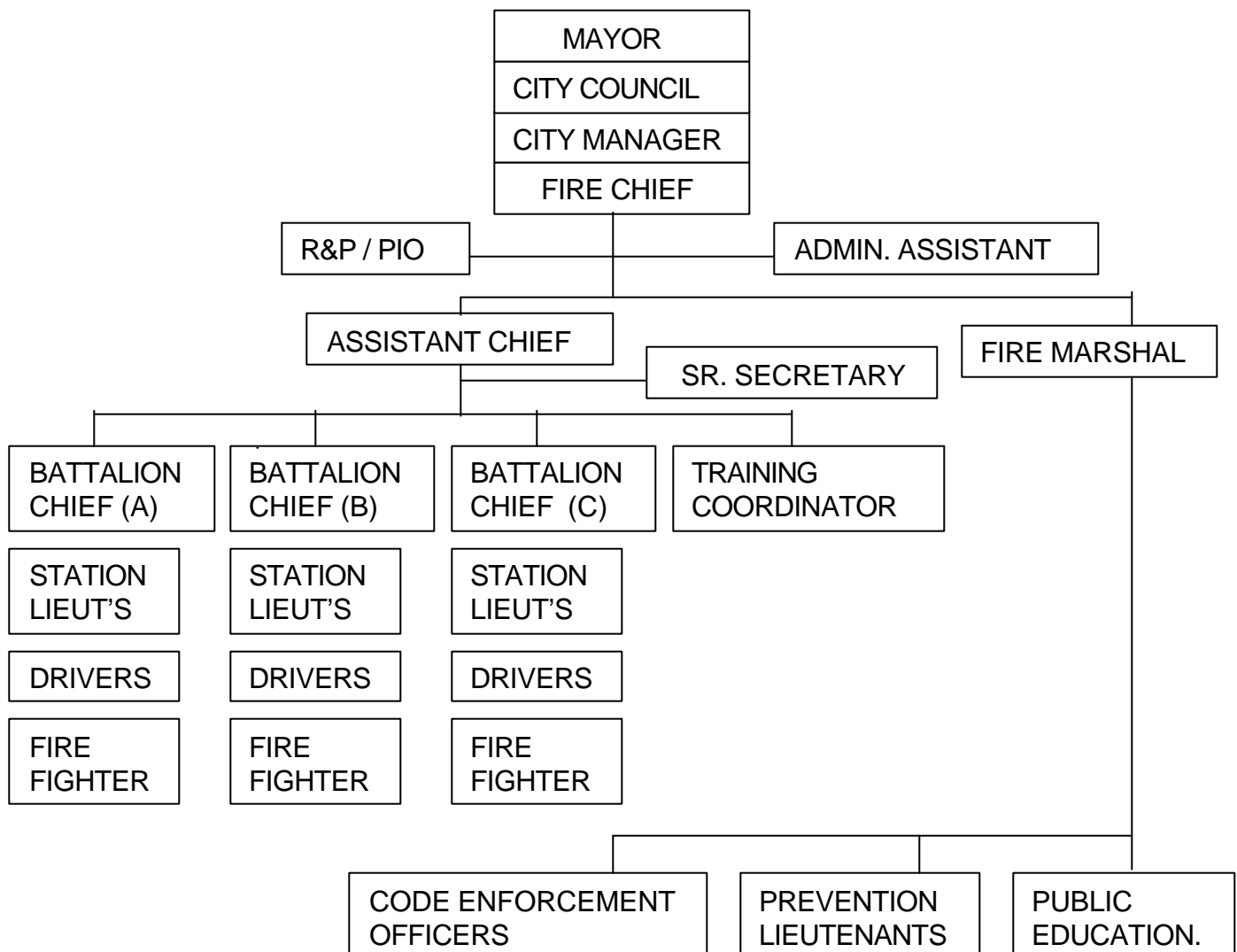
SECONDARY EMPLOYMENT & OUTSIDE CLASSES

The successful completion of the first year probationary period at the College Station Fire Department requires a substantial amount of time and commitment. Taking on additional responsibilities, other classes than assigned or secondary employment may make completing probation requirements more difficult and is not recommended. Any City employee with a second job must complete a "Secondary Employment Sheet" with the Administrative Assistant.

While the Department encourages employees to strive to improve their personal and professional standing, it is necessary to advise that failure to satisfactorily meet the terms of the probation requirements may result in extended probation or termination of employment.

If you have any questions or concerns relating to departmental probation requirements or extra curricular activities, please consult your immediate supervisor,

COLLEGE STATION FIRE DEPARTMENT ORGANIZATION CHART



GENERAL KNOWLEDGE - 1

«*FirstName*» «*LastName*»

GENERAL TASKS, KNOWLEDGE & STUDY REFERENCES	Date Assigned	Date Completed	Trainee's Initials	Officer
<p style="text-align: center;">SAFETY</p> <p><input type="checkbox"/> Ear Plugs: Must wear anytime you are on an apparatus or operating machinery. Exception is riding in fully enclosed apparatus.</p> <p><input type="checkbox"/> Safety/Eye Glasses: Must wear at all major incidents and anytime using tools</p> <p><input type="checkbox"/> Helmet: Must wear anytime you are on an apparatus and participating in training or emergency operations on the fire ground. Exception is riding in fully enclosed apparatus.</p> <p><input type="checkbox"/> Seat Belt: Must wear at all times. NO EXCEPTIONS</p> <p><input type="checkbox"/> ALL Injuries: Must be reported to your supervisor AS SOON AS POSSIBLE but no later than the end of shift.</p>				
<p style="text-align: center;">INFECTION CONTROL</p> <p><input type="checkbox"/> Disposable Latex Examination Gloves: Must wear at all EMS Calls</p> <p><input type="checkbox"/> Mask/Combo Face Mask/ HEPA Respirator/Lab Coat: Must wear when the potential exists for airborne transmission of blood or body fluids exist, suspected infectious disease, or resuscitation.</p> <p><input type="checkbox"/> HEP Vaccine: Need to Schedule</p> <p><input type="checkbox"/> Infection Control: FD Policy 400.01</p>				
<p style="text-align: center;">POLICY & PROCEDURE</p> <p><input type="checkbox"/> Sick Leave: Contact your Lieutenant or Battalion Chief the day you are sick before 06:40 or it is considered late.</p> <p><input type="checkbox"/> Late Policy Inform employee on late policy as outlined in policy manual</p> <p><input type="checkbox"/> Application for Leave: Inform employee on scheduled vacation and holiday policy as outlined in policy manual.</p> <p><input type="checkbox"/> Uniforms Policy: When to wear T-shirts and caps.</p> <p><input type="checkbox"/> Career Path: Show ladder from fire fighter III to Chief</p>				

GENERAL KNOWLEDGE - 2

«*FirstName*» «*LastName*»

GENERAL TASK, KNOWLEDGE & STUDY REFERENCES	Date Assigned	Date Completed	Trainee's Initials	Officer
<p style="text-align: center;">FIRE DEPARTMENT COURTESIES</p> <p><input type="checkbox"/> When a visitor enters the room you Must Stand and Greet them</p>				
<p style="text-align: center;">COMMUNICATIONS</p> <p><input type="checkbox"/> Answering Phone: "College Station Fire Department may I help you?"</p> <p><input type="checkbox"/> Using Phone System: How to park, transfer, or place call on hold. How to pick-up parked call. How to use PA System</p> <p><input type="checkbox"/> Using Paging Terminal</p> <p><input type="checkbox"/> All phone calls for Administration Chief Officers go through Administration Secretary</p> <p><input type="checkbox"/> City Computer Network- <input type="checkbox"/> e-mail, Word Processing <input type="checkbox"/> Fire/EMS Records System</p>				
<p style="text-align: center;">DISPATCH</p> <p><input type="checkbox"/> Tour of Communication Center at Police Department</p> <p><input type="checkbox"/> Explanation of District Boundaries</p> <p><input type="checkbox"/> Explanation on Response Types and unit numbering</p>				
<p style="text-align: center;">BUILDING FAMILIARIZATION</p> <p><input type="checkbox"/> Fire Station-1: Kitchen, TV/Training Room, Bath Rooms, Lieutenant Office, Battalion Chief Office, Dorm Rooms, Bays.</p> <p><input type="checkbox"/> Fire Station 2: Kitchen, TV/Training Room, Dorm Room, Bath Room, Lieutenant Office, Bays.</p> <p><input type="checkbox"/> Fire Station 3: Kitchen, TV/Training Room, Dorm Room, Bath Rooms, Lieutenant Office, Bays.</p> <p><input type="checkbox"/> Fire Station 4: Kitchen, TV Room, Training Room, Dorm Rooms, Bath Rooms, Lieutenant Office, Bays, SCBA Room.</p> <p><input type="checkbox"/> City Hall: Walk through of facilities.</p> <p><input type="checkbox"/> Fire Admin: Walk through of facilities.</p> <p><input type="checkbox"/> Review MSDS Sheets: In house chemicals.</p>				

GENERAL KNOWLEDGE - 3

«*FirstName*» «*LastName*»

GENERAL TASKS, KNOWLEDGE & STUDY REFERENCES	Date Assigned	Date Completed	Trainee's Initials	Officer
<p style="text-align: center;">RESCUE EQUIPMENT</p> <p><input type="checkbox"/> Holmatro Power Unit & Hose: Location, Daily Check, Starting and Shut Down Procedures, & Use.</p> <p><input type="checkbox"/> Holmatro Ram, Spreader & Cutter: Location, Daily Check, Use, Connection to Power Unit, Starting, Handling & Shut Down Procedures.</p>				
<p style="text-align: center;">PROTECTIVE EQUIPMENT</p> <p><input type="checkbox"/> Inspection: Helmet, Hood, Bunker Coat, Bunker Pants, Gloves, Boots.</p> <p><input type="checkbox"/> Note: Protective equipment listed above should be worn on all major accidents, fires, gas leaks, odor investigations & when out of uniform (e.g. physical training).</p> <p><input type="checkbox"/> Reference: Essentials Fourth Edition, Chapter Four</p>				
<p style="text-align: center;">PROTECTIVE BREATHING APPARATUS</p> <p><input type="checkbox"/> Use & Inspection: SCBA Unit, Bottles, Regulator, Mask, Pass Device</p> <p><input type="checkbox"/> Note Protective equipment listed above should be worn on all fires, smell of smoke, visible smoke, smell of gas, & gas leaks.</p> <p><input type="checkbox"/> Fitting for SCBA Mask: Check to see if mask makes proper seal</p> <p><input type="checkbox"/> Reference: Essentials Fourth Edition, Chapter Four</p>				
<p style="text-align: center;">RESPONSIBILITIES</p> <p><input type="checkbox"/> Know the duties and responsibilities of each position on the unit</p> <p><input type="checkbox"/> Know where all equipment is located on the apparatus</p> <p><input type="checkbox"/> Know how to use all equipment in a safe and proficient manner</p> <p><input type="checkbox"/> Know all streets by sixth month of employment</p>				
<p style="text-align: center;">EMS RESPONSIBILITIES</p> <p><input type="checkbox"/> County EMS response SOP</p> <p><input type="checkbox"/> EMS Weekly Duties: FD SOP 400.01</p> <p><input type="checkbox"/> EMS Rectification: FD SOP 100.11</p> <p><input type="checkbox"/> EMS equipment cleaning & restocking</p> <p><input type="checkbox"/> EMS Protocols: Read & Understand</p>				

GENERAL KNOWLEDGE - 4

«*FirstName*» «*LastName*»

GENERAL TASKS, KNOWLEDGE & STUDY REFERENCES	Date Assigned	Date Completed	Trainee's Initials	Officer
<p style="text-align: center;">MANDATORY CLASSES</p> <p><input type="checkbox"/> Silent War: Infection control for emergency responders. Contact Training for information & scheduling.</p> <p><input type="checkbox"/> Evidence Preservation: Contact Training for information & scheduling.</p> <p><input type="checkbox"/> Fire Fighter Survival: Contact Training for information & scheduling.</p> <p><input type="checkbox"/> Electrical Distribution Safety.</p>				
<p style="text-align: center;">FILMS TO VIEW</p> <p><input type="checkbox"/> Safety Standards for the Fire Service</p> <p><input type="checkbox"/> Emergency Vehicle Operations</p> <p><input type="checkbox"/> Personal Protective Clothing</p> <p><input type="checkbox"/> <i>Sexual Harassment in the Workplace</i></p> <p><input type="checkbox"/> <i>Fire Department Liability Film</i></p> <p><input type="checkbox"/> <i>EMT Injury Free (Back Safety)</i></p> <p><input type="checkbox"/> <i>Employee Safety Orientation</i></p>				
<p style="text-align: center;">TEST</p> <p><input type="checkbox"/> Sixth Month of Employment: Street test to drive ambulance</p> <p><input type="checkbox"/> Year of Employment: Fire Fighter II test on Essentials and Haz-Mat Awareness & Operations. Prepared by training division.</p> <p><input type="checkbox"/> Protocol Test: For Paramedics, given each year. Employee must pass to receive certification pay and to be primary attendant. EMT's must also take a similar exam as set forth by the medical director (passing is 80%). Completed prior to 3 month point.</p> <p><input type="checkbox"/> Passing score on all exams is 70% unless otherwise posted.</p>				

GENERAL KNOWLEDGE - 5

«*FirstName*» «*LastName*»

GENERAL TASKS, KNOWLEDGE & STUDY REFERENCES	Date Assigned	Date Completed	Trainee's Initials	Officer
<p style="text-align: center;">DRIVING</p> <p><input type="checkbox"/> You must pass Street Test prior to driving any apparatus</p> <p><input type="checkbox"/> You must study each apparatus prior to driving. Necessary information will be provided prior to test to drive apparatus.</p> <p><input type="checkbox"/> You must attend an EVOC (driving class)</p> <p><input type="checkbox"/> SOP on Emergency Vehicle Response: FD Policy 500.03</p> <p><input type="checkbox"/> Procedures for accident involving CSFD vehicle</p> <p><input type="checkbox"/> Accident Review Board Procedures: <i>City Safety & Loss Control Manual</i>: pg 15-1 thru 15-18.</p> <p><input type="checkbox"/> City Vehicle Use Procedures: <i>City Policy Manual</i>: pg 1-42, 5a thru 5f.</p> <p><input type="checkbox"/> Successfully Complete and demonstrate territory knowledge test.</p> <p><input type="checkbox"/> Completed vehicle check-out procedures.</p> <p><input type="checkbox"/> Completed "Fire Apparatus Driver Skills Checklist" for each type of apparatus. Sheets are provided by Fire Training.</p> <div style="margin-left: 40px;"> <input type="checkbox"/> Ambulance </div> <div style="margin-left: 80px;"> <input type="checkbox"/> Engine </div> <div style="margin-left: 80px;"> <input type="checkbox"/> Aerial / Truck </div>				

GENERAL KNOWLEDGE - 6

«FirstName» «LastName»

GENERAL TASKS, KNOWLEDGE & STUDY REFERENCES	Date Assigned	Date Completed	Trainee's Initials	Officer
<p style="text-align: center;">APPARATUS FAMILIARIZATION</p> <p>Ambulance:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Location of main oxygen, back boards, scoop, highway cot, bolt cutters, c-collars, KED, splints, drug box, oxygen/intubation kit, pediatric kit, lifepack 10, MAST, bunker storage, SCBA, life jackets. <input type="checkbox"/> Equipment/Supplies in all cabinets <input type="checkbox"/> Use of Stretcher <input type="checkbox"/> Starting and shut down procedures <input type="checkbox"/> Use of all equipment 				
<p>Engine, Battalion Chief, & Utility Units</p> <ul style="list-style-type: none"> <input type="checkbox"/> Locate all hand tools and give safe use of each. <input type="checkbox"/> Removing ladders from units <input type="checkbox"/> Daily Generator Check: Cranking and emergency shut off policy. <input type="checkbox"/> Daily Motor Check: Cranking and emergency shut off policy. <input type="checkbox"/> Show how skid load is pulled and reloaded. <input type="checkbox"/> Show how preconnects are pulled and reloaded. <input type="checkbox"/> Show how hydrant is caught and when to turn hydrant on. <input type="checkbox"/> Location and use of gas detector and purpose of use. <input type="checkbox"/> Show how trash line is pulled and reloaded. <input type="checkbox"/> Show hydrant & spanner wrench location. <input type="checkbox"/> Explain each position of the engine. <input type="checkbox"/> Location of EMS equipment 				

GENERAL KNOWLEDGE - 7

«*FirstName*» «*LastName*»

<p>Truck:</p> <ul style="list-style-type: none"><input type="checkbox"/> Locate all hand tools and give safe use of each.<input type="checkbox"/> Removing ladders from units<input type="checkbox"/> Daily Generator Check: Cranking and emergency shut off policy<input type="checkbox"/> Daily Motor Check: Cranking and emergency shut off policy.<input type="checkbox"/> Show how preconnects are pulled and reloaded.<input type="checkbox"/> Show how hydrant is caught, which side to pull 5 inch hose, and when to turn hydrant on.<input type="checkbox"/> Show how outriggers are put out and put in.<input type="checkbox"/> Show how to elevate ladder<input type="checkbox"/> Show and explain use of Positive Pressure fans.<input type="checkbox"/> Show location and types of rappelling gear<input type="checkbox"/> Show hydrant & spanner wrench location.<input type="checkbox"/> Explain each position of the truck.<input type="checkbox"/> Location of EMS Equipment				
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GENERAL KNOWLEDGE APPARATUS

«*FirstName*» «*LastName*»

NOTE: Refer to page 15 & 16 (General Knowledge 6&7) for apparatus familiarization. As the new employee is familiarized with each unit then sign off the unit on this page. Unit numbers correspond to the unit inventory numbers.

APPARATUS KNOWLEDGE	Date Assigned	Date Completed	Trainee's Initials	Officer
51-41 Engine				
51-42 Engine				
51-44 Engine				
51-45 Engine				
51-46 Engine				
51-53 Engine				
51-52 Truck				
51-16 Ambulance				
51-12 Ambulance				
51-11 Ambulance				
51-13 Ambulance				
51-01 Battalion Chief				
51-18 Utility Vehicle – Trailer – Haz-Mat				
51-17 Utility Vehicle – Pick up				
Other: _____				
Other: _____				
Other: _____				

GENERAL KNOWLEDGE POLICIES & PROCEDURES

«FirstName» «LastName»

GENERAL TASKS, KNOWLEDGE & STUDY REFERENCES	Date Assigned	Date Completed	Trainee's Initials	Officer
Policy on Emergency Response: Policy Manual pages 53-55 Include discussion on examples of driving practices				
Procedures for accidents involving Fire Department units: Policy Manual page 54				
Accident Review Board procedures: Safety & Loss control manual 15-1 thru 15-18.				
EMS Responsibilities: SOP 6.02 pages 1-4				
EMS Hospital Contacting				
County EMS Response SOP Knowledge of County Unit Numbers Communication Procedures with BCVFD's, Radio Channel				
Vehicle Familiarization Knowledge of EMS equipment and outside compartments Issue PIN for vehicle refueling				
Vehicle daily check procedures and check list Startup procedures Battery charger connection				
Successful completion of shift street and hospital test Knowledge of area hospitals				
Practice driving and parking at area hospitals. Fire Apparatus Driver Skills Checklist – Ambulance is provided by Fire Training.				
Proper lifting, removing and replacement of Ambulance Stretcher. Responsibilities of decontamination after every call Restocking of ambulance inventory				
Responding to possible hostile incidents				

GENERAL KNOWLEDGE EMS ORIENTATION

«*FirstName*» «*LastName*»

EMS Level: _____

EMS Start Date: _____

Assigned to Paramedic: _____

(All EMS Personnel)

Complete the following training:		Date
	EMS Protocols	
	EMS Policies and Procedures	
	QI Policies	
	EMS Reporting System	

(All EMS Personnel)

Completed the following testing:		Date	Grade	Date	Grade
	Protocol Exam				
	Megacode				
	Skills Verification				

(Paramedics Only)

Complete evaluation runs:		Date
	5 BLS	
	5 ALS	

(Paramedics Only)

Completed service time:		Date
	3 months	

Sign-off::

Signature

Date

Assigned Paramedic: _____

EMS Training/QI: _____

Medical Director: _____

EVALUATION REPORT
«FIRSTNAME» «LASTNAME»

Evaluations	Date Due	Date Completed	Trainee's Initials	Officer
<i>Six Month Evaluation</i>				
<i>One Year Probationary Evaluation</i>				

Recruit Fire Fighter: «FirstName» «LastName», SSN: «SSN»

Fire Fighter Second Class Test Score: _____

Six month street test score: _____

☐ Successfully ☐ Unsuccessfully completed the first year assignments and probationary period

Battalion Chief Signature: _____ Date: ____/____/____

Copy of Pages to Fire Training

Page	Date	Officer
5	____/____/____	_____
6	____/____/____	_____
7	____/____/____	_____
8	____/____/____	_____
9	____/____/____	_____
10	____/____/____	_____
11	____/____/____	_____
12	____/____/____	_____
13	____/____/____	_____
14	____/____/____	_____
15	____/____/____	_____
16	____/____/____	_____
17	____/____/____	_____
18	____/____/____	_____
19	____/____/____	_____

Handbook Returned to Fire Training: ____/____/____ Officer: _____